PATENT APPLICATION	Application 10/2	Application of Doctors Number 10/826996 116-1467					
CLAIMS A	SMAL TYPE	LENTITY	OR		R THAN ENTITY		
TOTAL CLAIMS	37	•	RAT	RATE FEE		RATE	FEE
FOR '	MUNISER FILED MUNISER EXTRA		BASIC	FEE 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS	37 minus 20- 17		X5 9		OR	XS18=	706
DOEPENDENT CLAMS	3 minus 3 = 6		XAS	-	OR	X86=	-
MULTIPLE DEPENDENT CLAIM PRESENT		+145		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2			TOT	4	OR	TOTAL	1076
CLAIMS AS AMENDED - PART II				LENITY	,	OTHER	THAN
CLANS	· (Colun	EST .	5.00	ADDI-	OR 7	SMALL	ADDI-
REMARKING AFTER AMENDMENT	PREVIO	USLY EXTRA	RATI			. RATE	TIONAL
			-x39		OR	X\$18=	
	since / 1	<u></u>	X43-		OR	X86=	
FIRST PRESENTATION OF MIL	ATIPLE DEPENDENT	CLAIM	+145		OR	+290=	
1.)			101		OR	TOTAL ADDIT. FEE	
D							
CLAMS REMADING AFTER AMENDMENT  Total  Independent  Total  Total  Total  Total  Total	HIGH NUMB PREVIO PAID F	ER PRESENT USLY EXTRA	RATE	ADDI- TIONAL FEE		RATE ·	ADDI- TIONAL FEE
	lingfa)	•	X\$ 9-		OR	X\$18=	
Independent • FIRST PRESENTATION OF ARI	TIPLE DEPENDENT	TANK D	X43=	•	OR	X86=	
Interestivition of the	LIFE USPERUENT	Wen []	+145		OR	+290-	
Ni Nama			ADDIT, FI		OR	TOTAL NOOTE PEE	
(Column 1)	(Colum						•
Total • 3	HIGHE MUMB PREVIOU PAID P	ER PRESENT USLY EXTRA	RATÉ	ADOI- TIONAL FEE		RATE	ADOI- TIONAL FEE
Total • 3/	Minus - 3	7 ,	X3 9-		OR	X\$18-	
Independent • 5	Mays on 7	•/	X43=	1	OR	X88-	
FIRST PRESENTATION OF MU	LTIPLE DEPENDENT (	CLAIM · /	-				
* If the ordry in enturn 1 is toos then the	Captry in column 2, write 1	O' in cohumn-3.	+145-	3.0	OR	+290-	
** If the "Righest Number Providually Pel ***If the "Righest Number Providually Pel	i Par <sup>i</sup> (N THIS SPACE IS I	less then 30, emer "30."	ADDIT. FE		OR ,	DOT. FEE	
The Mighest Number Provincely Paid For" (Retail or independent) is the highest number board in the appropriate bost in column 1.							